

SERFF Tracking Number:	LDDX-125819236	State:	Arkansas
Filing Company:	Old Republic General Insurance Corporation	State Tracking Number:	EFT \$50
Company Tracking Number:	CA AR0199107F01		
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0003 Other
Product Name:	Old Republic Independent CA Forms		
Project Name/Number:	Old Republic Independent CA Forms/CA AR0199107F01		

Filing at a Glance

Company: Old Republic General Insurance Corporation

Product Name: Old Republic Independent CA Forms SERFF Tr Num: LDDX-125819236 State: Arkansas

TOI: 20.0 Commercial Auto	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 20.0003 Other	Co Tr Num: CA AR0199107F01	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins
	Author: SPI ORChicago	Disposition Date: 09/17/2008
	Date Submitted: 09/16/2008	Disposition Status: Approved
Effective Date Requested (New): 01/01/2009		Effective Date (New): 01/01/2009
Effective Date Requested (Renewal):		Effective Date (Renewal): 01/01/2009

State Filing Description:

General Information

Project Name: Old Republic Independent CA Forms

Project Number: CA AR0199107F01

Reference Organization:

Reference Title:

Filing Status Changed: 09/17/2008

State Status Changed: 09/17/2008

Corresponding Filing Tracking Number:

Filing Description:

Old Republic General Insurance Corporation

Commercial Automobile Program

Form Filing Memorandum

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Old Republic General Insurance Corporation has changed their company logo. We submit for your review and approval

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<i>Company Tracking Number:</i>	<i>CA AR0199107F01</i>		
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<i>Product Name:</i>	<i>Old Republic Independent CA Forms</i>		
<i>Project Name/Number:</i>	<i>Old Republic Independent CA Forms/CA AR0199107F01</i>		

Policy Jackets. The only changes to the current version on file are the company logo and edition date.

Policy Jacket - Manual J-02 (02/08)

Policy Jacket - Manual J-03 (01/08) replaces J-03 (09/06)

"This policy jacket is being revised to reflect the new company logo. This policy jacket has an area provided below the words "Insurance Policy" for the imprintation of our issuing and policyholder servicing office address. The blank area above the words "Insurance Policy" may have an imprintation of the type of policy/program being issued. The following items contained in the Policy Jacket are filed with brackets to indicate that the values could change over time:

- (1) Insurer company address
- (2) Insurance company group corporate address and phone number
- (3) Signature of Secretary
- (4) Signature of President

If any of the above 4 items change, the policy jacket will not be re-filed.

Company and Contact

Filing Contact Information

Connie Aragonas, State Filing Analyst	caragones@oldrepublic.com
307 N. Michigan Avenue	(312) 762-4535 [Phone]
Chicago, IL 60601	(312) 762-4950[FAX]

Filing Company Information

Old Republic General Insurance Corporation	CoCode: 24139	State of Domicile: Illinois
307 N. Michigan Avenue	Group Code: 150	Company Type:
Chicago, IL 60601	Group Name:	State ID Number:
(312) 762-4500 ext. [Phone]	FEIN Number: 36-6067575	

Filing Fees

SERFF Tracking Number: LDDX-125819236 *State:* Arkansas
Filing Company: Old Republic General Insurance Corporation *State Tracking Number:* EFT \$50
Company Tracking Number: CA AR0199107F01
TOI: 20.0 Commercial Auto *Sub-TOI:* 20.0003 Other
Product Name: Old Republic Independent CA Forms
Project Name/Number: Old Republic Independent CA Forms/CA AR0199107F01

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Old Republic General Insurance Corporation	\$50.00	09/16/2008	22536930

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	09/17/2008	09/17/2008

<i>SERFF Tracking Number:</i>	<i>LDDX-125819236</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>CA AR0199107F01</i>		
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<i>Product Name:</i>	<i>Old Republic Independent CA Forms</i>		
<i>Project Name/Number:</i>	<i>Old Republic Independent CA Forms/CA AR0199107F01</i>		

Disposition

Disposition Date: 09/17/2008

Effective Date (New): 01/01/2009

Effective Date (Renewal): 01/01/2009

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	LDDX-125819236	State:	Arkansas
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Product Name:	Old Republic Independent CA Forms		
Project Name/Number:	Old Republic Independent CA Forms/CA AR0199107F01		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Mark up	Approved	Yes
Form	Policy Jacket	Approved	Yes
Form	Policy Jacket	Approved	Yes

SERFF Tracking Number: LDDX-125819236 State: Arkansas

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	Policy Jacket	J-03	(01/08)	Other	Replaced	Replaced Form #:0.00 J-03 Previous Filing #:	0.00	J-03 .PDF
Approved	Policy Jacket	J-02	(02/08)	Other	New		0.00	J-02.PDF

OLD REPUBLIC
Corporate Offices
307 North Michigan Avenue
Chicago, Illinois 60601
(312) 346-8100



INSURANCE POLICY

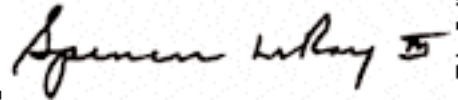



INSURANCE IS PROVIDED BY
THE COMPANY DESIGNATED ON THE DECLARATIONS PAGE

IN WITNESS WHEREOF, we have caused this policy to be executed and attested, and, if required by state law, this policy shall not be valid unless countersigned by our authorized representative.

OLD REPUBLIC GENERAL INSURANCE CORPORATION

[307 N. Michigan Avenue
Chicago, IL 60601
A Stock Company]

[]
Secretary

[]
President



OLD REPUBLIC GENERAL INSURANCE CORPORATION

INSURANCE POLICY

Represented by:

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OLD REPUBLIC GENERAL INSURANCE CORPORATION

[307 N. Michigan Avenue
Chicago, Illinois 60601]
A Stock Company

[*Spencer L. Ray*]

Secretary

[*Ja Keelozz*]

President

OLD REPUBLIC

Corporate Offices
[**307 North Michigan Avenue**
Chicago, Illinois 60601
(312) 346-8100]

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Rate Information

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 09/17/2008

Comments:

Attachment:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF

Satisfied -Name: Mark up **Review Status:** Approved 09/17/2008

Comments:

Attachment:

Mark up.PDF


Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
g. SERFF Filing #:		
h. Subject Codes		

3. Group Name	Old Republic Insurance Group				Group NAIC #	0150
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #		
Old Republic General Insurance Corporation	IL	24139	36-6067575			

5. Company Tracking Number	CA AR0199107F01
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Connie Aragones 307 N. Michigan Avenue Chicago IL 60601	State Filing Analyst	800-621-0365 Ext. 4535	312-762-4950	caragones@oldrepublic.com
7. Signature of authorized filer				
8. Please print name of authorized filer	Connie Aragones			

Filing Information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	20.0 Commercial Auto			
10. Sub-Type of Insurance (Sub-TOI)	20.0003 Other			
11. State Specific Product code(s) (if applicable) [See State Specific Requirements]	N/A			
12. Company Program Title (Marketing Title)	Commercial Auto			
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14. Effective Date(s) Requested	New:	1/1/2009	Renewal:	1/1/2009
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
16. Reference Organization (if applicable)	N/A			
17. Reference Organization # & Title	N/A			
18. Company's Date of Filing	September 16, 2008			
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	CA AR0199107F01
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Old Republic General Insurance Corporation
Commercial Automobile Program
Form Filing Memorandum

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22.	Filing Fees (Filer must provide check # and fee amount if applicable.) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<div style="margin-bottom: 20px;"> Check #: EFT Amount: 50.00 </div> <div style="text-align: center; margin-top: 100px;"> Refer to each state's checklist for additional state specific requirements or instructions on calculating fees. </div>	

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

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